U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only 1520 FREAD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. File Number U - 65%	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Thomas P Myers	Name Unite Bro. of Carpenters Local Union 953	
	Labor Organization File Number 034-022	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 458 Squirrel Run	Street 149 West 18th St.	
City Lake Charles	City Lake Charles	
State Louisiana ZIP Code + 4 70615	State Louisiana ZIP Code + 4 70601	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name UBC Local 953 Health & Welfare Fund Trade Name, if any:	Lost time wages	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street 149 West 18th St., STE A		
City Lake Charles,	\$149	
State Louisiana ZIP Code + 4 70601		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 07-35-05 (337)- 433- 629		

Date

Telephone Number

Name of Person Filing Thomas Myers	File Number U-
0	

Part A Continuation Page

employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name if any). Name [DEC_Local_DTLOn_953_Pension_Trust_Fund] Trade Name, if any: P.O. Box, Bidg., Room No., if any Street [149_West_1eth_SC., STS_A] City Lacks Charries State [Local_strians] ZIP Code *4 [70501] 7.b. Amount.	A. Held an interest in, engaged in transactions (including loans) with, or derived i	ncome or other economic benefit of monetary value from an employer whose
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Page 3 of 3